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CONFIRMATION NO. 2632

<b>SERIAL NUMBER</b> 10/790,888	<b>FILING OR 371(c) DATE</b> 03/01/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 85189-5800	
<b>APPLICANTS</b> Uri Wormser, Jerusalem, ISRAEL;					
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/IL02/00713 08/29/2002					
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL IL145181 08/29/2001					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/16/2004					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>Michelle Bradley</i> <i>DTB</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 28765					
<b>TITLE</b> Protective factors against inflammation, burns and noxious stimuli					
<b>FILING FEE RECEIVED</b> 985	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		